Campaign Finance Report

(NOTE: This report must be clear and legible. It may be typed or printed in blue or black ink.)

Filer Identificati Number :	on 2018	0045			Repor Filed E		CA	NDI	DATE		COM	AITTEE	Y	LOBE	31131	
Name of Filing C	ommittee, Candid	ate or L	obbyist:		FRIEND	S OF	JIM (GREC	GORY							
Street Address:																
City:	TYRONE						State	e:	PA			Zip Co	de: 16	5686		
TYPE OF REPORT	6TH TUESDAY PRE-PRIMARY	1.	2ND FRIDA PRIMARY	Y PRE-	- 2.	30 DA		F			AMENDMENT REPORT?		Yes	No	\	
(place X to the right of	6TH TUESDAY PRE-ELECTION	4.	2ND FRIDA ELECTION	Y PRE	- 5.	30 DA		F	POST-	6.		TERMIN/ REPORT		Yes	No	✓
report type)	ANNUAL REPORT	7. X	Year 2024				NG MI					PAPER		\checkmark	DISKE	TTE
Name of Office S	ought by Candida	te:	•		•		DAT	ΈO	F ELEC	CTIO	N	District Number	Office Code	Par	ty Code	County Code
							МО		DAY	YE	AR		•	REP		
								11		5	2024		(SEE IN	STRUCTIO	ONS FOR C	ODES)
	Receipts and	МО	DAY	YEAR			МО		DAY	YE	AR	FC	R OFFI	CE USE	ONLY	
Expenditures	rrom:		11 26	20)24 T	О		12	3	31	2024					
A. Amount Bro	ught Forward Fron	n Last R	eport			\$				11,7	753.12					
B. Total Moneta	ary Contributions	And Rec	eipts (Fron	n Sche	dule I)	\$					0.00					
C. Total Funds	Available (Sum Of	Lines A	and B)			\$					0.00					
D. Total Expenditures (From Schedule III)						\$				3,0	00.00					
E. Ending Cash	Balance (Subtract	Line D	From Line	C)		\$				8,7	53.12					
F. Value Of In-	Kind Contributions	Receiv	ed (From S	chedul	le II)	\$					0.00					
G. Unpaid Debt	s And Obligations	(From S	Schedule IV	/)		\$					0.00			'		
				AFF	IDAVI	T SE	CTI	NC								
	a Committee rep	*	_						-		_					
I swear (or affirm) correct and complete) that this report, incl ete.	uding the	e attached sc	hedules	filed on	paper	or by	elect	ronic me	dium,	, are to t	he best o	f my kno	wledge a	and belie	ef , true
Sworn to and subs	cribed before me this day of	;	20							S	ignature	of Perso	n Submit	ting Rep	ort	
	Signatu	re				<u>-</u>						Prin	ted Name	e		
My Commission Ex	xpires					_						Ema	il			
	МО	D	AY	YR					Are	a Cod	e	Daytin	ne Telepl	none Nu	mber	
Part II- If this is	a report of a cand	lidate's	authorized	Comm	nittee, C	Candid	ate s	hall	sign he	re.						
I swear (or affirm) No 320) as amende	that to the best of ned.	ny knowle	edge and beli	ief this	political	comm	ittee l	nas n	ot violat	ed an	y provis	ions of th	e act of J	une 3,19	937 (P.L.	1333,
Sworn to and subsc	ribed before me this day of		20								S	ignature (of Candid	ate		
						_						Printe	ed Name			
My Commission Exp	Signature ires					_						Ema	il			-
	МО	D	AY	YR		-			Area	Code		D	aytime T	elephon	e Numbe	 er

SCHEDULE I CONTRIBUTIONS AND RECEIPTS

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting	g Period		
FRIENDS OF JIM GREGORY	From:	11/26/20	<u>24</u> To:	12/31/2024
1. Unitemized Contributions Received - \$ 50.00 or Less Per Contributor				
TOTAL for the Reporting	g Period	(1)	\$	0.00
2. Contributions Received - \$ 50.01 To \$250.00 (From Part A and Part B)				
Contributions Received From Political Committees (Part A)			\$	0.00
All Other Contributions (Part B)	\$	0.00		
TOTAL for the Reporting	g Period	(2)	\$	0.00
3. Contributions Received Over \$250.00 (From Part C and Part D)				
Contributions Received From Political Committees (Part C)			\$	0.00
All Other Contributions (Part D)			\$	0.00
TOTAL for the Reporting	g Period	(3)	\$	0.00
4. Other Receipts, Refunds, Interest Earned, Returned Checks, Etc. (From Part E)				
TOTAL for the Reporting	g Period	(4)	\$	0.00
Total Monetary Contributions and Receipts During this Reporting Period (Add ar totals from Boxes 1,2,3 and 4; also enter this amount on Page1, Report Cover Pa			\$	0.00

PART A

CONTRIBUTIONS RECEIVED FROM POLITICAL COMMITTEES

\$50.01 TO \$250.00

Use this Part to itemize only contributions received from political committees with an aggregate value from \$50.01 to \$250.00 in the reporting period.

Name of Filing Committee or Candidat	e	F	Reporting	Period			
		F	rom:		То	:	
				DATE			AMOUNT
Full Name of Contributing Committee			МО	DAY	YEAR		
Mailing Address						\$	0.00
City	State	Zip Code (Plus 4)					

PAGE TOTAL
\$ 0.00

Enter Grand Total of Part A on Schedule I, Detailed Summary Page, Section 2.

ALL OTHER CONTRIBUTIONS

\$50.01 TO \$250.00

Use this Part to itemize all other contributions with an aggregate value from \$50.01 to \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part A)

Name of Filing Committe	ee or Candidate		Rep	orting P	eriod			
			Fro	m:		To) :	
		•			DATE			AMOUNT
Full Name of Contributor				мо	DAY	YEAR		
Mailing Address							\$	0.00
City	State	Zip Code (Plus 4))					
								PAGE TOTAL

PART C

Contributions Received From Political Committees

OVER \$250.00

Use this Part to itemize only contributions received from Political committees with an aggregate value from Over \$250.00 in the reporting period.

Name of Filing Committee or Candidate			Reporting	Period					
			From:			То:			
				DA	TE		A	AMOUNT	
Full Name of Contributing Committee				мо	DAY	YEAR			0.00
Mailing Address							- \$		0.00
City	State	Zip Cod	e (Plus 4)						
								PAGE TO	ΓAL
Enter Grand Total of Part C on Scheo	dule I, Detailed Sun	nmary Pa	age, Sectio	n 3.			\$		0.00

ALL OTHER CONTRIBUTIONS

OVER \$250.00

Use this Part to itemize all other contributions with an aggregate value of over \$250.00 in the reporting period.

(Exclude contributions from political committees reported in Part C.)

Name of Filing Committee or Candidate	2			Rep	orting Pe	riod			
				Fron	n:		To) :	
					D	ATE			AMOUNT
Full Name of Contributor					мо	DAY	YEAR	\$	0.00
Mailing Address									
City	State	Zi	p Code (Plus	(4)					
Employer Name	•				Occupa	tion	-	-	
Employer Mailing Address/Principal Pl	ace of Business		City		•	State		Zip Co	ode (Plus 4)
Enter Grand Total of Part C on Sch	edule I, Detaile	ed Sumr	mary Page,	Section	on 3.				PAGE TOTAL
								\$	0.00

OTHER RECEIPTS

REFUNDS, INTEREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Name of Filing Committee	or Candidate		Report	ing Peri	od		
			From:			To:	
				D	ATE		AMOUNT
Full Name				мо	DAY	YEAR	\$ 0.00
Mailing Address							
City	State	Zip Code (Plus 4)				
Receipt Description	•	•			•		
Forten Commit Tatal of Boot	F an Cabadala I Batallad	I C B	C				PAGE TOTAL
Enter Grand Total of Part	c on scnedule 1, Detailed	i Summary Page,	Section	4.			\$ 0.00

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECEIVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD.

Detailed Summary Page

Name of Filing Committee or Candidate	Reporting Peri	od	
FRIENDS OF JIM GREGORY	From:	<u>11/26/2024</u> To:	<u>12/31/2024</u>
1. UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.00 OR LESS P	ER CONTRIBUTOR	1	
TOTAL for the Reporting Pe	eriod (1)	\$	0.00
2. IN-KIND CONTRIBUTIONS RECEIVED - VALUE OF \$50.01 TO \$250.00 (FROM PAR	T F)		
TOTAL for the Reporting Pe	eriod (2)	\$	0.00
3. IN-KIND CONTRIBUTION RECIEVED - VALUE OVER \$250.00 (FROM PART G)			
TOTAL for the Reporting Pe	eriod (3)	\$	0.00
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (amount totals from Boxes 1,2, and 3; also enter on Page 1, Reports Cover Page, 1		\$	0.00

SCHEDULE II PART F IN-KIND CONTRIBUTIONS RECEIVED

VALUE OF \$50.01 TO \$250.00

Name of Filing Committee or Candid	Il Name of Contributor illing Address			Reporting Period					
			From:			To:			
		•		DATE			AMOUNT		
Full Name of Contributor			МО	DAY	YEAR				
Mailing Address						7 \$	0.00		
City	State	Zip Code (Plus 4)							
Description of Contribution:	•	-	•	•		•			
Enter Grand Total of Part F on S	chedule II, In-Ki	nd Contributions Detai	led Sum	mary Pag	ge,		PAGE TOTAL		
Section 2.						\$	0.00		

SCHEDULE II PART G IN-KIND CONTRIBUTIONS RECEIVED

VALUE OVER \$250.00

Name of Filing Committee or Candidate				Re	porting	Period				
				Fro	m:		To:			
						DATE			AMOUNT	
Full Name of Contributor					мо	DAY	YEAR			
Mailing Address								\$		0.00
City	State		Zip Code(Plus 4)							
Employer of Contributor					Occup	oation				
Employer Mailing Address/Principal Pla	ce of Business	Cit	ty	Stat	e Zij	p Code(Plus 4)	Descr	iptio	n of Contribution	on
Enter Grand Total of Part G on Sch	edule II. In-K	ind	Contributions D	etaile	ed				PAGE TOT	ΓAL
Summary Page, Section 3.					-					0.00

SCHEDULE III STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	Reporting F	Period		
FRIENDS OF JIM GREGORY	From	11/26/2024	То:	12/31/2024

•									
					DATE			AMOUNT	
To Whom Pai	d			МО	DAY	YEAR			
NEIGHBORS	FOR TIM			М		1 = Aux			
Mailing Addre	9SS			10	22	2024	\$	250.00	
City FRAC	KVILLE	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17931	ADVER	TISING				
To Whom Pai	d			МО	DAY	YEAR			
FRIENDS OF	DEVLIN ROBINSON			М		ILAK			
Mailing Addre	ess			10	22	2024	\$	250.00	
City BRID	GEVILLE	State	Zip Code (Plus 4)	Description of Expenditure					
PA 15017				ADVER	TISING				
To Whom Pai	d			МО	DAY	YEAR			
WE THE PEOF	PLE BUD COOK			М		TEAK			
Mailing Addre	9SS			10	22	2024	\$	250.00	
City COAL	COAL CENTER State Zip Code (Plus 4)			Descrip	tion of Exp	enditure			
		PA	15423	ADVERT	TISING				
To Whom Pai	d			МО	DAY	YEAR			
FRIENDS OF	DONNA SCHUREN			1-10		1 = Aux			
Mailing Addre	ess			10	22	2024	\$	250.00	
City HARL	EYSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	19438	ADVERT	TISING				
To Whom Pai	d			МО	DAY	YEAR			
KUTZ FOR PA	1			М		ILAK			
Mailing Addre	ess			10	22	2024	\$	500.00	
City MECH	IANICSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
		PA	17055	ADVERT	TISING				
To Whom Pai	d			МО	DAY	YEAR			
SPENCER DA	VIS FOUNDATION			М		TEAK			
Mailing Addre	ess			11	18	2024	\$	500.00	
City HOLL	IDAYSBURG	State	Zip Code (Plus 4)	Descrip	tion of Exp	enditure			
	PA 16648			DONAT	ION				

Mo										
Mailing Address 11 26 2024 \$ 250.00	To Whom Paid					DAY	VEAD			
City WILLIAMSBURG State PA 16693 VOLUNTEER EXPENSE	KELLIE HILEMAN				MO	DAI	ILAK			
PA	Mailing Address				11	26	2024	\$	250.00	
MO	City	WILLIAMSBURG State Zip Code (Plus 4)			Description of Expenditure					
MO DAY YEAR			PA	16693	VOLUN	TEER EXPE				
Mailing Address	To Whom Paid				МО	DAY	VEAD			
City ROARING SPRING State PA 16673 Description of Expenditure VOLUNTEER EXPENSE To Whom Paid DEBORAH PENSYL REASY Mailing Address 11 26 2024 \$ 250.00 City TYRONE State PA 16686 Description of Expenditure VOLUNTEER EXPENSE To Whom Paid PA 16686 ANN WEDEL Mailing Address 11 26 2024 \$ 250.00 City HOLLIDAYSBURG State Zip Code (Plus 4) Description of Expenditure VOLUNTEER EXPENSE To Whom Paid PA 16686 ANN WEDEL Mailing Address 11 26 2024 \$ 250.00 Description of Expenditure VOLUNTEER EXPENSE To Whom Paid PA 16648 NO DAY PEAR PA 16648 PA 16648 PA 16648 PA PAGE TOTAL PAGE TOTAL	RICK BOSTON				MO	DAT	TEAR			
TO Whom Paid DEBORAH PENSYL REASY Mailing Address To Whom Paid DEBORAH PENSYL REASY Mailing Address To Whom Paid PA Description of Expenditure PA 16686 VOLUNTEER EXPENSE To Whom Paid ANN WEDEL Mailing Address To Code (Plus 4) PA Description of Expenditure PA Description of Expenditure VOLUNTEER EXPENSE PAGE TOTAL PAGE TOTAL	Mailing Address				11	26	2024	\$	250.00	
To Whom Paid DEBORAH PENSYL REASY Mailing Address 11 26 2024 \$ 250.00 City TYRONE State PA 16686 To Whom Paid ANN WEDEL Mailing Address 11 26 2024 \$ 250.00 To Whom Paid ANN WEDEL Mailing Address 11 26 2024 \$ 250.00 City HOLLIDAYSBURG State PA 16648 Zip Code (Plus 4) 11 26 2024 \$ 250.00 Description of Expenditure VOLUNTEER EXPENSE To Whom Paid ANN WEDEL Mailing Address 11 26 2024 \$ 250.00 PA 16648 PA PA 16648 PA PAGE TOTAL PAGE TOTAL	City	ROARING SPRING	State	Zip Code (Plus 4)				•		
Mailing Address State PA ANN WEDEL Mailing Address State PA S			PA	16673						
Mailing Address State Zip Code (Plus 4) Description of Expenditure VOLUNTEER EXPENSE To Whom Paid ANN WEDEL Mailing Address State Zip Code (Plus 4) Description of Expenditure VOLUNTEER EXPENSE To Whom Paid ANN WEDEL Mailing Address State Zip Code (Plus 4) Description of Expenditure VOLUNTEER EXPENSE Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	To Whom Paid				мо	DAY	VEAR			
City TYRONE State PA 16686 VOLUNTEER EXPENSE To Whom Paid ANN WEDEL Mailing Address 11 20 2024 MO DAY YEAR ANN WEDEL ANN WEDEL City HOLLIDAYSBURG State PA 16648 Zip Code (Plus 4) PA 16648 Description of Expenditure VOLUNTEER EXPENSE PAGE TOTAL PAGE TOTAL	DEBORAH PENSYL REASY				МО		ILAK			
To Whom Paid ANN WEDEL Mailing Address State PA State PA 16648 To Whom Paid ANN WEDEL Mo DAY YEAR 250.00 PA 250.00 PA PA PA PA PA PA PA PA PA	Mailing Address				11	26	2024	\$	250.00	
To Whom Paid ANN WEDEL Mailing Address State PA 11 26 2024 \$ 250.00 City HOLLIDAYSBURG State PA 16648 PA PA PAGE TOTAL PAGE TOTAL	City	TYRONE State Zip Code (Plus 4)				Description of Expenditure				
ANN WEDEL Mailing Address 11 26 2024 \$ 250.00 City HOLLIDAYSBURG State Zip Code (Plus 4) Description of Expenditure PA 16648 PA 16648 PAGE TOTAL PAGE TOTAL			PA	16686	VOLUNTEER EXPENSE					
Mailing Address State PA 11 26 2024 \$ 250.00 City HOLLIDAYSBURG State PA 16648 City HOLLIDAYSBURG State PA 16648 PA PA PAGE TOTAL PAGE TOTAL	To Whom Paid				мо	DAY	VEAD			
City HOLLIDAYSBURG State PA 16648 Zip Code (Plus 4) 16648 VOLUNTEER EXPENSE PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	ANN WEDEL				Ho		ILAK			
PA 16648 VOLUNTEER EXPENSE PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	Mailing Address				11	26	2024	\$	250.00	
PAGE TOTAL Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.	City	HOLLIDAYSBURG	State	Zip Code (Plus 4)				•		
Enter Grand Total of Expenditures on Page 1, Report Cover Page, Item D.			PA	16648						
									PAGE TOTAL	
	Enter	Grand Total of Expenditu	ires on Page 1, Re	eport Cover Page, Item D				\$	3,000.00	